

VOLUNTEER
CARROLLTON PARKS, RECREATION, AND CULTURAL ARTS DEPARTMENT
P. O. BOX 532
CARROLLTON, GA 30117
(ADM 35A)

ACTIVITY VOLUNTEERING FOR: _____ MALE _____ FEMALE _____

LAST NAME FIRST MIDDLE SOCIAL SECURITY NUMBER

ADDRESS-NUMBER & STREET HOME PHONE NUMBER

CITY STATE ZIP BUSINESS PHONE NUMBER

OCCUPATION FAX PHONE NUMBER

EMPLOYER/SCHOOL NAME: _____

STREET ADDRESS

CITY STATE ZIP
YOUR BIRTHDAY _____

1. ARE YOU A FORMER VOLUNTEER? IF SO, WHAT ACTIVITY AND YEAR. _____

2. HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN TRAFFIC INFRACTIONS? _____
_____ YES _____ NO IF YES, WHEN, AND DISPOSITION OF THE OFCRIME _____

3. HAVE YOU EVER BEEN ARRESTED FOR A CONTROLLED SUBSTANCE, NARCOTIC, OR DRUG OFFENSE?
_____ YES _____ NO IF YES, PLEASE EXPLAIN: _____

PREVIOUS VOLUNTEER WORK

ORGANIZATION: _____ WHAT SPORT/ACTIVITY: _____
NUMBER OF YEARS: _____ REASON FOR LEAVING: _____

REFERENCE: NAME: _____ PHONE: _____

PLEASE READ BEFORE SIGNING:

I understand that the information I have provided may be verified, and I give permission to Carrollton Parks, Recreation, and Cultural Arts Department to make inquiry of others concerning my suitability to act as a department volunteer.

VOLUNTEERS ARE NOT PROVIDED ACCIDENT INSURANCE BY THE CARROLLTON PARKS, RECREATION, AND CULTURAL ARTS DEPARTMENT AND ARE NOT ELIGIBLE FOR WORKERS COMPENSATION BENEFITS IF A PERSONAL INJURY OCCURS WHILE VOLUNTEERING. In case of a lawsuit developing out of your volunteer job with the department, the City of Carrollton has liability coverage that will be available for your defense.

I realize that the Carrollton Parks, Recreation, and Cultural Arts Department may deny me the right to volunteer pending the completion of the background check; and I further agree to hold the Carrollton Parks, Recreation, and Cultural Arts Department and/or the City harmless regarding any liability for defamation, invasion of privacy, or any other claim based upon good faith action taken pursuant of the provision of this consent.

UPON APPROVAL, YOU WILL BE PRESENTED WITH A VOLUNTEER PACKET AND ASKED TO SIGN A WAIVER/RELEASE FORM. SERVICES CANNOT BE PERFORMED BEFORE YOU RECEIVE THIS PACKET.

SIGNATURE: _____ DATE _____

WAIVER/RELEASE FORM
ADM (35 b)

The Carrollton Parks, Recreation, and Cultural Arts Department requests volunteers not use personal equipment, etc. on your volunteer job. The Carrollton Parks, Recreation, and Cultural Arts Department is not responsible for personal items lost, stolen, or damaged while at your job.

I realize that my presence and activity as a volunteer/seasonal/part-time worker may involve some element of risk, that could cause personal injury to me.

I, the undersigned do hereby waive and release any and all rights or claims of any kind or nature of me, those of my heirs, or assigns which may exist or accrue in the future against the City of Carrollton, its various departments, personnel, employees, officials, staff, or agents because of as a result of, or in connection with duties, responsibilities, and work, which I will undertake as a worker of the Carrollton Parks, Recreation, and Cultural Arts Department.

I, _____ have read and do understand the information contained in this packet, I agree to abide by the department rules, guidelines, and policy.

Date: _____